U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 12233	2. Fiscal Year Covered From:
-	0] / 0] / 2004 Through: [2 / 3] / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name GARY D KUNTZELMAN	Name U.A. OF PLUM BERS & PIPEFITTERS LOCAL
	Labor Organization File Number 007 - 224
P.O. Box, Bklg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 4905 CLEAR SKY DRIVE	Street 4525 BOEING DRIVE
City ROCKFORD	City ROCKFORD AND THE ROCK FORD
State LLINOIS ZIP Code + 4 6109	State LLINOIS ZIP Code +4 6/109
5. Position in labor organization.	
(except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	(1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
	7 (5.1.1.1.1.5.1.1.1
Street	
Street City	
City State ZIF Code + 4	nature

Telephone Number

	- I standard II	
Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name STRATEGIC CAPITAL INVESTMENT ADVISOR	Same A L C C C C C C C C C C C C C C C C C C	
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street IDIO JORIE BLUD SUITE IIO	Section 2	
City OAKBROOK		
State 11212015 ZIP Code + 4 60523		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
PENSION FUND Name ROCKFORD PIPE TRADES INDUSTRY	THE PENSON TRUST & HEALTH & WELFARE TRUST PANS STRATEGIC CAPITAL FOR	
Trade Name, if any:	MANAGING PLAN ASSETS.	
P.O. Box, Bldg., Room No., if any		
Street 4525 BOEING DRINE	11.b. Approximate dollar value of such dealing.	
City ROCKFORD	12.a. Nature of interest held or income received.	
State VLUNOS ZIF Code + 4 6 1109	BUSINESS MEETINGS WERE CONDUCTED OVER GOLF AND SPORTING EVENTS, A	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Anne		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street Street		
City		
State ZIF Code + 4		

14.b. Amount of payment.

13.b. Is the Business an Employer

or Consultant